I am interested in:

## Harvest Hills Animal Shelter Adoption Application

## Please print clearly and complete both sides

Fie	euse prini ci	euriy an	ia coi	mpie	eie boi	n siae.	<b>S</b> '			
• Are you aware that dogs need to be licensed yearly and there is a leash law? YES N										
	vare that cats and dogs					st rabies yea	arly or every 3			
years after initial vaccination?						YES NO				
<ul> <li>Most shelt</li> </ul>	er animals have unknov	wn medical back	grounds. A	Are you	prepared to p	ay for any n	nedical			
treatments this pet may require?										
<ul> <li>Animals ar</li> </ul>	e not created perfect. A	Are you willing to	o make ev	ery atten	npt to correc	t any behavi	oral problems			
that may occur with this pet?										
<ul> <li>Are you willing to give this pet all the love, care an attention they deserve?</li> </ul>							)			
	derstand that adoption	fees are non-refu	ndable, an	d that H	arvest Hills	cannot guara	intee the			
health of a		YES NO								
<ul> <li>Do you agree to keep your pet up-to-date with vaccinations?</li> </ul>										
<ul> <li>Do you give us permission to contact your veterinarian?</li> </ul>										
<ul> <li>Have you</li> </ul>		YES NO								
	yes, why?									
Name										
Physical address_	sical address City State				State	Zip				
Mailing address_		City_			State	Zip				
Home Phone		Cell F	Phone							
Email										
Place of Employn	Place of EmploymentWork Phone									
Are you over 21?	Yes	No	If 'No' a	ige						
Do you:	Own R	ent Live	with fan	ily	Live wit	h friends/r	oommates			
Landlord's Name	and Phone Number_									
How many in hou	ise?	Children	's ages:_							
Do all the adults i	n the home know you	are planning t	o adopt?	Ye	s No					
Do you have any				Ye	s No					
	List CURRENT pet	s and those vo	u have o	wned ir	the past 2	vears				
		nust be current				V				
		Y recommend of								
			<b>F</b>							
	Current or			_	Spay/	Vac	cines			
Name	past pet	Breed	Age	Sex	Neuter?		-Date?			
	Post pot									
<del></del>	-	The second secon				-				
Veterinarian				Phone	<u> </u>	1				
Admin use:										
	oved by	Vet	Landlor	d	Referen	ces				
				-						

DOG					
Dog experience:					
		r 2 Expe			
Do you understand and acce	ept that a change ir	a dog's environme	ent may cau	se accidents, e	specially in
the first few days of	adoption?			ES NO	
How many hours will the do	og be left alone du	ring the day?			
Where will they kept during	that time?				
Where will they sleep at nig	tht?				
How will you confine the do	og to your property	<i>i</i> ?			
Do you have a fence	d yard? YES N	Ю			
Are you willing to b	uild one if the dog	you are interested	in needs one	e? YES	NO
Do you or your neighbors ha					
Dogs Free Roa			stock (goats	s, cows, horse	s, etc)
Who will watch your pet wh	nile you are away?				
Who will watch your pet wh Are you planning on moving	g in the next year?	YES	NO		
If yes, what do you p					
Why are you adopting a pet					
COMPANION	<b>CHILDREN</b>	<b>GUARD</b>	HUNTING	G GIFT	
CAT					
Cat experience:					
First time owner	Had 1 or	r 2 Expe	rienced		
Do you understand and acce	pt that a change in	a cat's environme	nt may caus	e accidents, es	specially in the
first few days of ac			NO		
Will your cat be allowed ou	tside?	YES	NO		
Who will watch your pet wh	ile you are away?				
Are you planning on moving	g in the next year?	YES	NO		
If yes, what do you p	olan on doing with	your pet?			
Why are you adopting a pet	?				
COMPANION	<b>CHILDREN</b>	MOUSER	GIFT	<b>BARN CAT</b>	
Please list 2 NON FAMILY	personal reference	es and phone numb	er:		
		D1			
1		Phone	)		
2		DI			
2		Phone	,		
Please read and sign below: I,	the undersianed h	ave read and truthfi	illy answara	d the above aue	etione I
understand that Harvest Hills					
result in forfeiture of the anin					
cannot guarantee the health o		1 3	<i>J</i>	,	

Please return this application to Harvest Hills Animal Shelter

Mail: 1389 Bridgton Rd Fryeburg ME 04037

Fax: 207-935-7058

Signature

Email: info@harvesthills.org

Date